

PART B - FEE(S) TRANSMITTAL

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26285 7590 01/16/2003
KIRKPATRICK & LOCKHART LLP
 535 SMITHFIELD STREET
 PITTSBURGH, PA 15222



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,782	12/04/2001	Richard D. McCullough	010500	7957

TITLE OF INVENTION: POLYTHIOPHENES, BLOCK COPOLYMERS MADE THEREFROM, AND METHODS OF FORMING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	04/16/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
GORR, RACHEL F	1711	528-073000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kirkpatrick & Lockhart LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Carnegie Mellon University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pittsburgh, PA 15213

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies 10

Payment of Fee(s):

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(Authorized Signature)

(Date)

4/11/03

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04/15/2003 BABRAHA2 00000032 10004782

01 FC:2501	650.00	OP
02 FC:8001	30.00	OP
03 FC:1504	300.00	OP

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